

Check here if the provided email address is to be used for multiple participants?

Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_

Parent or Supervisor's First Name

\_\_\_\_\_

Parent or Supervisor's Last Name

\_\_\_\_\_

Are you 17 years or older? \_\_\_\_\_

State/Province \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF LED ESCAPE ROOMS, LLC, a/k/a MINDQUEST ESCAPE ROOMS, USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM LED ESCAPE ROOMS, LLC, a/k/a MINDQUEST ESCAPE ROOMS, IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, LED ESCAPE ROOMS, LLC, a/k/a MINDQUEST ESCAPE ROOMS, HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

*I understand that participating in an escape room activity entails risks such as: (a) moving or lifting objects weighing less than 20 pounds; (b) mental stress and anxiety; (c) being in a small enclosed and locked space with up to 8 people for the duration of the activity; (d) encountering falling objects; (e) being and moving in dark or dimly lit environments; (f) encountering special effects, strobe lights, darkness, fog, jump scares, frightening props, and loud noises; and (g) encountering sharp objects or corners.*

*I agree that I am voluntarily participating in these activities and use of these facilities and premises and assume all risks for injury, or death. I agree that LED ESCAPE ROOMS, LLC, a/k/a MINDQUEST ESCAPE ROOMS, is not responsible for any loss of my personal property.*

*I have no physical or mental ailment that would prevent me from participating in this activity safely for myself and others, and I am not under the influence of drugs or alcohol that would impair my ability to participate in this activity safely for myself and others.*

*I hereby, on behalf of myself, my heirs, successors, and assigns, and on behalf of any minor child for whom I am signing this waiver as such minor child's parent or legal guardian (as indicated below, and including such minor child's heirs, successors, and assigns), assume all risks associated with participating in this activity, including, but not limited to,*

(a) risks arising from the negligence or carelessness of LED ESCAPE ROOMS, LLC, a/k/a MINDQUEST ESCAPE ROOMS,

(b) the sudden and unforeseen malfunctioning of any equipment, or from dangerous or defective equipment or property owned, maintained, or controlled by LED ESCAPE ROOMS, LLC, a/k/a MINDQUEST ESCAPE ROOMS, or from their potential legal liability without fault; and

(c) slipping and/or falling while the premises, including adjacent sidewalks and parking areas.

I hereby waive, release, and discharge LED ESCAPE ROOMS, LLC, a/k/a MINDQUEST ESCAPE ROOMS, from any and all liability, including liability in contract and tort (including negligence), that may arise as a result of my participation in the escape room activity, including liability for personal injury, mental anguish or distress, death, disability, or property damage; and

I agree to indemnify, hold harmless, and not sue LED ESCAPE ROOMS, LLC, a/k/a MINDQUEST ESCAPE ROOMS, for any claims I may have, now or in the future, pertaining to any liabilities waived, released, or discharged, or risks assumed, as set forth in this waiver.

I understand and agree that where the term LED ESCAPE ROOMS, LLC, a/k/a MINDQUEST ESCAPE ROOMS, appears in this waiver, the term includes Led Escape Rooms, LLC, any operators, managers, or service providers at the facility, and all directors, officers, managers, members, owners, affiliates, employees, representatives, agents, and attorneys of each.

I agree to undergo medical treatment if I am injured or become unwell while participating in this activity.

I accept that throughout my participation in the escape room event, the escape room has the right to take images and video (including sound) footage of me, and that they may edit and use such photos, video, and/or sound materials for any marketing purposes.

I agree to follow any escape room rules and policies that apply to the escape room event, as posted or explained to me. I accept that escape room workers may evaluate whether it is safe for me or others to participate in or continue participating in this activity at their sole discretion. I accept that once I pay my entrance fee, there are no refunds, including in the event that my participation in the activity is halted due to my violation of policies or rules, or if the escape room determines that my continuing participation in the activity is unsafe.

*I accept that I am responsible for my actions and behavior during this activity and that I will be held liable for any damage I do to the activity room, any of its features, or any of the escape room's personal property included therein.*

*The waiver will be interpreted widely in order to offer a release and waiver to the fullest extent permissible by law.*

*I understand and agree that this liability release and waiver is binding upon me, my heirs, executors, administrators, and assigns. I also understand and agree that this liability release and waiver is governed by the laws of the State of Florida.*

*I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS DOCUMENT. I AM AWARE THAT THIS IS A CONTRACT AND A RELEASE OF LIABILITY, AND I SIGN IT OF MY OWN FREE WILL. MY ONLINE SIGNATURE SHALL SUBSTITUTE FOR AND HAVE THE SAME LEGAL EFFECT AS IF I HAD SIGNED THIS WAIVER IN ORIGINAL INK WHEN REGISTERING ONLINE.* **Please read and agree to the terms provided**

*By checking below you are consenting to the use of your electronic signature in lieu of an original signature on paper. You have the right to request that you sign a paper copy instead. By checking here, you are waiving that right. After consent, you may, upon written request to us, obtain a paper copy of an electronic record. No fee will be charged for such copy and no special hardware or software is required to view it. Your agreement to use an electronic signature with us for any documents will continue until such time as you notify us in writing that you no longer wish to use an electronic signature. There is no penalty for withdrawing your consent. You should always make sure that we have a current email address in order to contact you regarding any changes, if necessary.*

**I AGREE TO THE TERMS PROVIDED AND CONSENT TO THE USE OF MY SIGNATURE**

Clear Signature

Please sign in the box above to provide your signature.